

Filing at a Glance

Company: RSUI Indemnity Company

Product Name: Woodworking Property Program SERFF Tr Num: RSNX-125236073 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: AR-PC-07-025485

Sub-TOI: 01.0001 Commerical Property (Fire
and Allied Lines)

Co Tr Num: PRPAR0026125F01

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: SPI RSUI

Disposition Date: 07-25-2007

Date Submitted: 07-18-2007

Disposition Status: Approved

Effective Date Requested (New): 07-18-2007

Effective Date (New): 09-01-2007

Effective Date Requested (Renewal):

Effective Date (Renewal): 09-01-
2007

General Information

Project Name: 2007-4001

Status of Filing in Domicile:

Project Number: 2007-4001

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-25-2007

State Status Changed: 07-18-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This letter and the enclosed material are being submitted as an Independent form filing on behalf of RSUI Indemnity Company (RSUI).

The purpose of this filing is to amend the necessary state-specific endorsement(s) to be used with our Woodworking Property Program. We would like to replace the currently approved endorsement with the updated version, Arkansas Changes-Cancellation & Nonrenewal, IL0231 0907. We are adopting this new version to be consistent with ISO's interline amendment in which Boiler & Machinery was changed to read Equipment Breakdown. Although this updated change does not specifically apply to this line of business, we prefer to keep the most up-to-date ISO state-specific endorsements active in our library.

We ask that this filing become effective for all new and renewal business on September 1, 2007. If you have any questions regarding this filing, please call us at 404-231-2366.

Submitted by:

Prepared by:

Lindsay Cleveland	Sarah Whitfield
Product Development Consultant	Product Development Technician
lcleveland@rsui.com	swhitfield@rsui.com

Company and Contact

Filing Contact Information

Lindsay Cleveland, Product Development Consultant	lcleveland@rsui.com
945 East Paces Ferry Road	(404) 260-3861 [Phone]
Atlanta, GA 30326-1125	(404) 231-3755[FAX]

Filing Company Information

RSUI Indemnity Company	CoCode: 22314	State of Domicile: New Hampshire
945 East Paces Ferry Road	Group Code: 501	Company Type:
Suite 1800		
Atlanta, GA 30326-1125	Group Name:	State ID Number:
(404) 260-3866 ext. [Phone]	FEIN Number: 16-0366830	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RSUI Indemnity Company	\$50.00	07-18-2007	14647989

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-25-2007	07-25-2007

Disposition

Disposition Date: 07-25-2007

Effective Date (New): 09-01-2007

Effective Date (Renewal): 09-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Arkansas Changes-Cancellation & Nonrenewal	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Changes- Cancellation & Nonrenewal	IL 0231	0907	Endorsement Replaced Amendment/ Condition	IL 0231	0.00	IL 0231.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
 COMMERCIAL AUTOMOBILE COVERAGE PART
 COMMERCIAL GENERAL LIABILITY COVERAGE PART
 COMMERCIAL INLAND MARINE COVERAGE PART
 COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
 COMMERCIAL PROPERTY COVERAGE PART
 CRIME AND FIDELITY COVERAGE PART
 EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
 EQUIPMENT BREAKDOWN COVERAGE PART
 FARM COVERAGE PART
 FARM UMBRELLA LIABILITY POLICY
 LIQUOR LIABILITY COVERAGE PART
 POLLUTION LIABILITY COVERAGE PART
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
 PROFESSIONAL LIABILITY COVERAGE PART

- A.** Paragraph 5. of the **Cancellation** Common Policy Condition is replaced by the following:
- 5.a.** If this policy is cancelled, we will send the first Named Insured any premium refund due.
 - b.** We will refund the pro rata unearned premium if the policy is:
 - (1)** Cancelled by us or at our request;
 - (2)** Cancelled but rewritten with us or in our company group;
 - (3)** Cancelled because you no longer have an insurable interest in the property or business operation that is the subject of this insurance; or
 - (4)** Cancelled after the first year of a prepaid policy that was written for a term of more than one year.
 - c.** If the policy is cancelled at the request of the first Named Insured, other than a cancellation described in **b.(2), (3) or (4)** above, we will refund 90% of the pro rata unearned premium. However, the refund will be less than 90% of the pro rata unearned premium if the refund of such amount would reduce the premium retained by us to an amount less than the minimum premium for this policy.
 - d.** The cancellation will be effective even if we have not made or offered a refund.
 - e.** If the first Named Insured cancels the policy, we will retain no less than \$100 of the premium, subject to the following:
 - (1)** We will retain no less than \$250 of the premium for the Equipment Breakdown Coverage Part.
 - (2)** We will retain the premium developed for any annual policy period for the General Liability Classifications, if any, shown in the Declarations.
 - (3)** If the Commercial Auto Coverage Part covers only snowmobiles or golfmobiles, we will retain \$100 or the premium shown in the Declarations, whichever is greater.

- (4) If the Commercial Auto Coverage Part covers an "auto" with a mounted amusement device, we will retain the premium shown in the Declarations for the amusement device and not less than \$100 for the auto to which it is attached.

B. The following is added to the **Cancellation** Common Policy Condition:

7. Cancellation Of Policies In Effect More Than 60 Days

- a. If this policy has been in effect more than 60 days or is a renewal policy, we may cancel only for one or more of the following reasons:

- (1) Nonpayment of premium;
- (2) Fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy or in presenting a claim under the policy;
- (3) The occurrence of a material change in the risk which substantially increases any hazard insured against after policy issuance;
- (4) Violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured property or its occupancy which substantially increases any hazard insured against under the policy;
- (5) Nonpayment of membership dues in those cases where our by-laws, agreements or other legal instruments require payment as a condition of the issuance and maintenance of the policy; or
- (6) A material violation of a material provision of the policy.

- b. Subject to Paragraph 7.c., if we cancel for:

- (1) Nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to the first Named Insured and any lienholder or loss payee named in the policy at least 10 days before the effective date of cancellation.

- (2) Any other reason, we will mail or deliver notice of cancellation to the first Named Insured and any lienholder or loss payee named in the policy at least 20 days before the effective date of cancellation.

c. The following applies to the Farm Umbrella Liability Policy, Commercial Liability Umbrella Coverage Part and the Commercial Automobile Coverage Part:

- (1) If we cancel for nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to the first Named Insured and any lienholder or loss payee named in the policy, and any lessee of whom we have received notification prior to the loss, at least 10 days before the effective date of cancellation;
- (2) If we cancel for any other reason, we will mail or deliver notice of cancellation to the first Named Insured and any lienholder or loss payee named in the policy, and any lessee of whom we have received notification prior to the loss, at least 20 days before the effective date of cancellation.

C. Paragraph g. of the **Mortgageholders** Condition, if any, is replaced by the following:

- g. If we elect not to renew this policy, we will give written notice to the mortgageholder:

- (1) As soon as practicable if nonrenewal is due to the first Named Insured's failure to pay any premium required for renewal; or
- (2) At least 60 days before the expiration date of this policy if we nonrenew for any other reason.

D. The following Condition is added and supersedes any other provision to the contrary:

NONRENEWAL

- 1. If we decide not to renew this policy, we will mail to the first Named Insured shown in the Declarations, and to any lienholder or loss payee named in the policy, written notice of nonrenewal at least 60 days before:

- a. Its expiration date; or
- b. Its anniversary date, if it is a policy written for a term of more than one year and with no fixed expiration date.

However, we are not required to send this notice if nonrenewal is due to the first Named Insured's failure to pay any premium required for renewal.

The provisions of this Paragraph 1. do not apply to any mortgageholder.

2. We will mail our notice to the first Named Insured's mailing address last known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-25-2007
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Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM FILING SCHEDULE.PDF

Satisfied -Name:	Cover Letter	Review Status: Approved	07-25-2007
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Comments:

Attachment:

Cover Letter.PDF


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	RSUI Group, Inc.				Group NAIC #	0501
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
RSUI Indemnity Company	NH	22314	16-0366830			

5. Company Tracking Number	2007-4001
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Lindsay Cleveland 945 East Paces Ferry Road, Suite 1800 Atlanta GA 30326-1125	Product Development Consultant	404-260-3861	404-231-3755	lcleveland@rsui.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Lindsay Cleveland			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	01.0 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0001 Commerical Property (Fire and Allied Lines)
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A
12. Company Program Title (Marketing Title)	Woodworking Property Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Renewal: 9/01/07
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	7/18/07
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	2007-4001
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

This letter and the enclosed material are being submitted as an Independent form filing on behalf of RSUI Indemnity Company (RSUI).

The purpose of this filing is to amend the necessary state-specific endorsement(s) to be used with our Woodworking Property Program. We would like to replace the currently approved endorsement with the updated version, Arkansas Changes-Cancellation & Nonrenewal, IL0231 0907. We are adopting this new version to be consistent with ISO's interline amendment in which Boiler & Machinery was changed to read Equipment Breakdown. Although this updated change does not specifically apply to this line of business, we prefer to keep the most up-to-date ISO state-specific endorsements active in our library.

We ask that this filing become effective for all new and renewal business on September 1, 2007. If you have any questions regarding this filing, please call us at 404-231-2366.

Submitted by:

Lindsay Cleveland
Product Development Consultant
lcleveland@rsui.com

Prepared by:

Sarah Whitfield
Product Development Technician
swhitfield@rsui.com

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: N/A-Sent through EFT. Amount: \$50.00 </div> <div style="border: 1px solid black; height: 150px; margin-top: 20px;"></div> <p style="margin-top: 20px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	2007-4001
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Arkansas Changes- Cancellation & Nonrenewal	IL 0231 0907	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 0231 0702	2004-2003
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



RSUI Group, Inc.
945 East Paces Ferry Road
Suite 1800
Atlanta, GA 30326-1160

Phone (404) 231-2366
Fax (404) 231-3755

July 18, 2007

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

SENT VIA SERFF

Attn: Property & Casualty Division

**COMMERCIAL LINES
DIVISION FIVE - FIRE AND ALLIED LINES
WOODWORKING PROPERTY PROGRAM
INDEPENDENT - FORM
RSUI FILING NUMBER - 2007-4001**

RSUI INDEMNITY COMPANY		
NAIC# 0501-22314	FEIN# 16-0366830	STATE ID#

Dear Commissioner Benafield Bowman:

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The filing fee of **\$50.00** has been sent through the EFT system.

We ask that this filing become effective for all new and renewal business on September 1, 2007. If you have any questions regarding this filing, please call us at 404-231-2366.

Submitted by:

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lcleveland@rsui.com

Prepared by:

Sarah Whitfield
Product Development Technician
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RSUI Indemnity Company
Landmark American Insurance Company

A member of Alleghany Insurance Holdings LLC